


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000109677</b> 1. Entity Name UNITY GENERAL INVESTMENTS, INC.	
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Principal Place of Business  
2860 WEST 3RD COURT  
HIALEAH, FL 33010

Mailing Address  
2860 WEST 3RD COURT  
HIALEAH, FL 33010



05112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0970023	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

RUSO, ANTONIO  
2860 WEST 3RD COURT  
HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RUSO, ANTONIO
STREET ADDRESS	2860 WEST 3RD COURT
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	VP
NAME	RUSO, OMAR
STREET ADDRESS	2860 WEST 3RD COURT
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	VP
NAME	RUSO, VANESSA
STREET ADDRESS	2860 W 3RD CT
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	ST
NAME	RUSO, IRMA
STREET ADDRESS	2860 W 3RD CT
CITY - ST - ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1100000366520  
05/13/05-80001-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-8846700